

Individuals requesting reports containing juvenile information must complete the reverse side of this form.

Date of Request:	Time of Request:	Employee Taking Request:
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AUTHORIZATION FOR THE RELEASE OF JUVENILE RECORDS

JUVENILE INFORMATION

1. Name (Last, First, Middle, Alias)	2. Place of Birth	3. Date of Birth (MMDDYYYY)
4. Address:	5. Social Security Number:	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

My relationship to the above-named juvenile who is the subject of the records requested:

- ☐ Parent (whose parental rights have not been terminated)
☐ Guardian named by the Court
☐ Legal Custodian given legal custody of the juvenile by court order
☐ Juvenile (14 years of age or older)- authorizing the release of own report
☐ Other _____

I authorize the release the following records of the above-named juvenile and/or specified information contained in such juvenile records (list all that apply):

To be released to the following party(s) (list all that apply):

I hereby authorize the custodian of the Juvenile Reports requested above to release such to the above-specified party(s), subject to departmental policy and approval. This authorization is applicable solely for the release of the above-specified juvenile records and information solely to those specifically authorized above. By signing this authorization, I am confirming that it accurately reflects my wishes.

SIGNATURE:	FULL PRINTED NAME:	DATE SIGNED:
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